

# *Test Decision Counseling, and Result Counseling*

## **Course Dates:**

March 22-23, 2006  
Florence, SC

June 6-7, 2006  
Columbia, SC

September 11-12, 2006  
Greenville, SC

December 7-8, 2006  
Charleston, SC

**This training will begin promptly at 9 a.m.  
Participant sign-in is at 8:30 a.m.**

## **Registration form**

***For registration, cancellation, or course  
Information contact:***

James Harris, Jr.  
STD/HIV Division Training Coordinator  
1751 Calhoun Street  
Columbia, South Carolina 29201  
Phone: 803-898-0480  
Fax: 803-898-0573  
Email: [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov)

***Deadline for registration is 15 business days  
prior to the training***

## **Course Description:**

This 2-day training will address strategies for assisting clients in making a decision to test and receive test results. It will assist counselors in providing, and interpreting test results with the conventional rapid HIV test.

Topics to be discussed are:

- Required elements of pre- and post-test counseling.
- Informed consent.
- HIV reporting.

## **Prerequisites:**

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.
- American Red Cross African American HIV Education and Prevention Instructor Course.

## **Audience:**

All Health and Human Services Providers

## **Instructor (s):**

Bill Hight, Ph. D

## **Training Hours:**

14

***Continuing Education Units available.***



**STD/HIV Division**

**Registration Form**

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: \_\_\_\_\_  
District or Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Evening: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Type of Agency (check one):

- State Health Dept. or Professional     Local Health Dept.     Substance Abuse  
 Non-governmental Org.     Private Medical Provider     Corrections  
 DHEC Funded Prevention Contractor     Other \_\_\_\_\_

Mark the course date and location you are requesting:

*Test Decision Counseling, and Result Counseling,*

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\*HIV, STD, and SC STD/HIV Law are prerequisite for the above course. Please indicate the following information regarding each:

Date and location: \_\_\_\_\_  
Instructor's Name: \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

(Your supervisor *must* sign this form to indicate knowledge and agreement with your registration.)

**For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at [harrisj@dhec.sc.gov](mailto:harrisj@dhec.sc.gov). Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.**